

Venereal Disease Contacts of Servicemen in Massachusetts, 1949-55

By NICHOLAS J. FIUMARA, M.D., M.P.H.

IN PREVIOUS publications I have outlined the philosophy and principles which guide the civilian venereal disease control officer in his relations with the military venereal disease problem (1-4). Briefly summarized, the civilian control officer is aware of the fact that the control of venereal diseases among military personnel is a joint function of military and civilian authorities. A military program aimed at the prevention and control of venereal diseases will be effective only to the degree of joint participation by the military and civilian partners. Each group must assume responsibility in certain areas, but the work of one must complement the efforts of the other. Failure of one partner to carry out his assigned tasks or failure to integrate military and civilian responsibility will result in weakening not only of the military venereal disease control program but the civilian program as well. It is my purpose to describe our experiences over the past 7 years in locating and examining venereal disease contacts who were named by infected military personnel and who could be found in Massachusetts.

Contact investigation begins long before civilian authorities receive contact reports. Actually, contact investigation in the armed

forces begins at the military installation with the infected serviceman who is being interviewed. It is the experience of venereal disease control officers that results of contact investigations vary, other factors being equal, with the adequacy or inadequacy of the interview (5, 6).

Once the interview is completed, the information obtained is transcribed on the prescribed epidemiological report form (PHS 1421-VD-REV. 3-53) and sent to the appropriate civilian health authorities. The essential contact information should be sent as speedily as possible. When feasible, telephone reports should be encouraged, and telegrams should be sent when out-of-state contact data are obtained. However, the prescribed report form must be completed and should be in the mail within 24 hours of the telephonic or telegraphic reports.

Who are the men in the armed services who contracted venereal disease during the last 7 years and named Massachusetts as "the place where their contact could most likely be found"? What is known about these men and their female sex partners? What were the results of our investigation? These data will be the subject of this report.

During 1949-55, 4,675 men in the armed services contracted venereal disease and named Massachusetts either as the place of encounter or exposure, or both. Of these men, 4,297 (91.9 percent) had gonorrhea, 269 (5.8 percent) had syphilis, and 109 (2.3 percent) had one of the minor venereal diseases. The number of infected military personnel reported in any one year fluctuated more or less according to the total strength of the armed forces during that year. Thus, with the increase in military

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personnel in 1951 and 1952 during the Korean conflict, reported military cases increased (fig. 1). As the total military strength began to decrease in 1953 and the ensuing years, reported cases of venereal disease decreased. Military cases constituted about 20 percent of the total reported venereal disease morbidity in Massachusetts.

Data on marital and racial status of military venereal disease patients have been kept only since 1951. About 62 percent of the military personnel were white; 38 percent were Negro. About two-thirds of the men were single; about 13 percent were married (table 1). These same proportions held roughly for both whites and Negroes. The widowed, divorced, and sep-

arated contributed slightly more than 2 percent of the series. The marital status of 19 percent of the military patients was not recorded. There was no significant change from year to year in the proportion of single, married, and widowed, divorced, and separated men or of their racial status (fig. 2).

The average age of the military personnel infected with venereal disease over these 7 years was 23.3 years and the average age of their contacts, 24.3 years (table 2). The mean age of both military patients and their contacts has not changed during the past 7 years in spite of the expansion of the armed forces.

However, when military patients are analyzed by ages from 18 to 29 years, inclusive, an interesting trend is observed. In general, the

Figure 1. Reported cases of venereal disease among military personnel, Massachusetts, 1949-55.

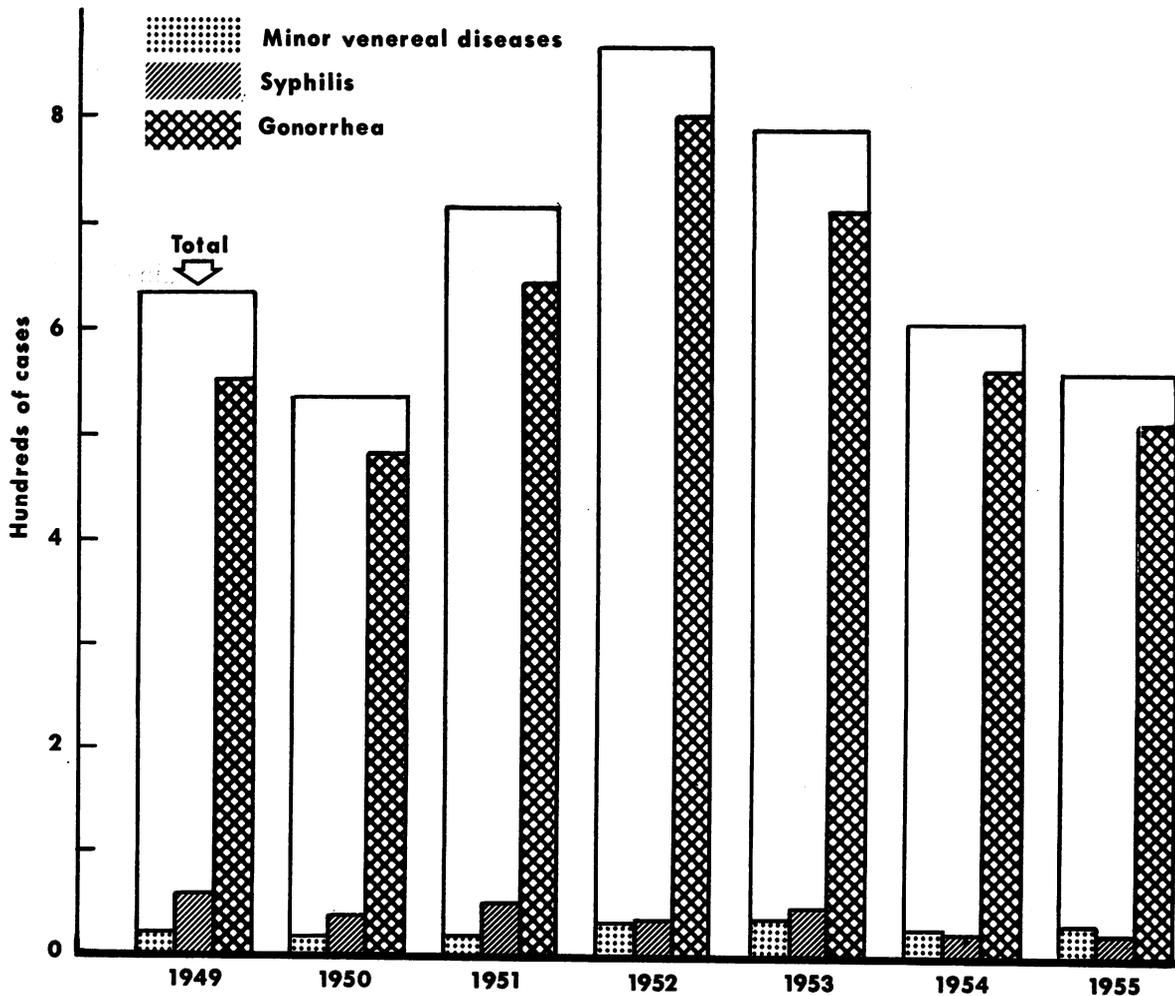


Figure 2. Race and marital status of military venereal disease patients, Massachusetts, 1951-55.

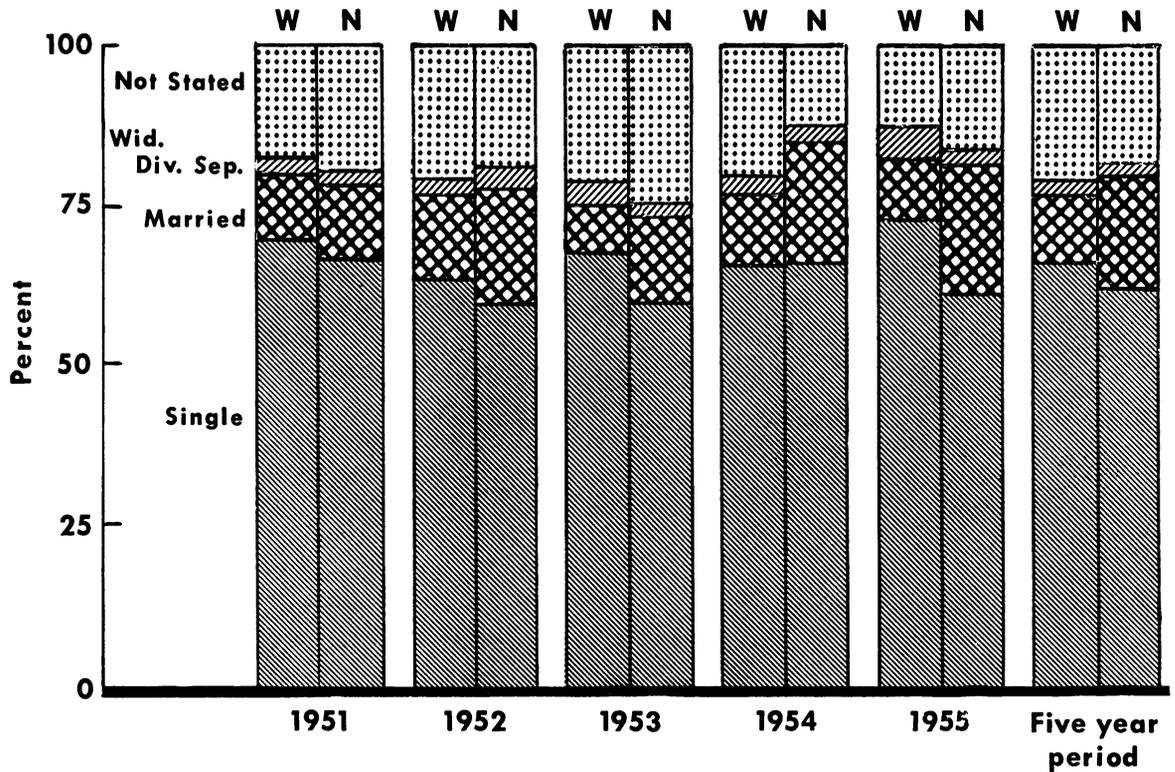


Table 1. Race and marital status of military venereal disease patients in Massachusetts, 1951-55

Year	Total	Single		Married		Widowed, divorced, separated		Not stated	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
White									
1951.....	425	289	68.0	43	10.1	10	2.4	83	19.5
1952.....	564	352	62.4	74	13.1	14	2.5	124	22.0
1953.....	521	348	66.8	42	8.1	13	2.5	118	22.6
1954.....	358	237	66.2	37	10.3	9	2.5	75	21.0
1955.....	306	223	72.9	31	10.1	10	3.3	42	13.7
Total.....	2,174	1,449	66.7	227	10.4	56	2.6	442	20.3
Negro									
1951.....	256	173	67.6	31	12.1	2	0.8	50	19.5
1952.....	303	183	60.4	57	18.8	9	3.0	54	17.8
1953.....	267	161	60.3	39	14.6	3	1.1	64	24.0
1954.....	245	162	66.1	48	19.6	6	2.4	29	11.9
1955.....	239	148	61.9	50	20.9	3	1.3	38	15.9
Total.....	1,310	827	63.1	225	17.2	23	1.8	235	17.9

military patients up to age 23 years dated older girls but at the age of 27 and older they dated younger girls. Thus, the serviceman in the age group 18–23 years named girls who were about one or more years older than himself. At ages 24–26 he would be apt to go out with girls of his own age, but when he reached the age of 27

years or older, he would most likely date girls one or more years younger than himself (fig. 3).

Table 2. Average age of military patients with venereal disease and of their contacts, Massachusetts, 1949–55

Year	Patients		Contacts	
	Age	Standard deviation	Age	Standard deviation
1949	23.4	3.9	24.3	4.7
1950	23.3	4.0	24.7	5.4
1951	23.4	3.4	24.5	4.5
1952	23.6	4.2	24.1	5.0
1953	22.9	3.8	23.8	4.4
1954	23.0	2.9	24.7	5.5
1955	23.1	3.8	24.3	4.7
Average	23.3	3.9	24.3	5.0

During the past 7 years 5,148 girls were named as contacts of the 4,675 infected servicemen, a patient-contact ratio of 1 to 1.1. What was the relationship of the female contacts to the military patients? Most of the girls (71.7 percent) were reported to be pickups, and 19.1 percent were said to be “friends.” This word is quoted because in most instances the serviceman did not know his friend’s name. Therefore, it is our opinion that about two-thirds or more of these so-called friends could be classified as pickups. Prostitutes were named in 6.4 percent of the total series, and homosexuals were reported in 14 instances (0.3 percent). Thus, as can be seen in table 3, our problem in Massachusetts, as in most areas of the country, centers about the pickup rather than about the professional prostitute. The same types of individuals were reported each year in approximately the same proportion.

How did the serviceman meet the girl? How were the female contacts found? About 96

Figure 3. Age of military venereal disease patients and of their contacts, Massachusetts, 1949–55.

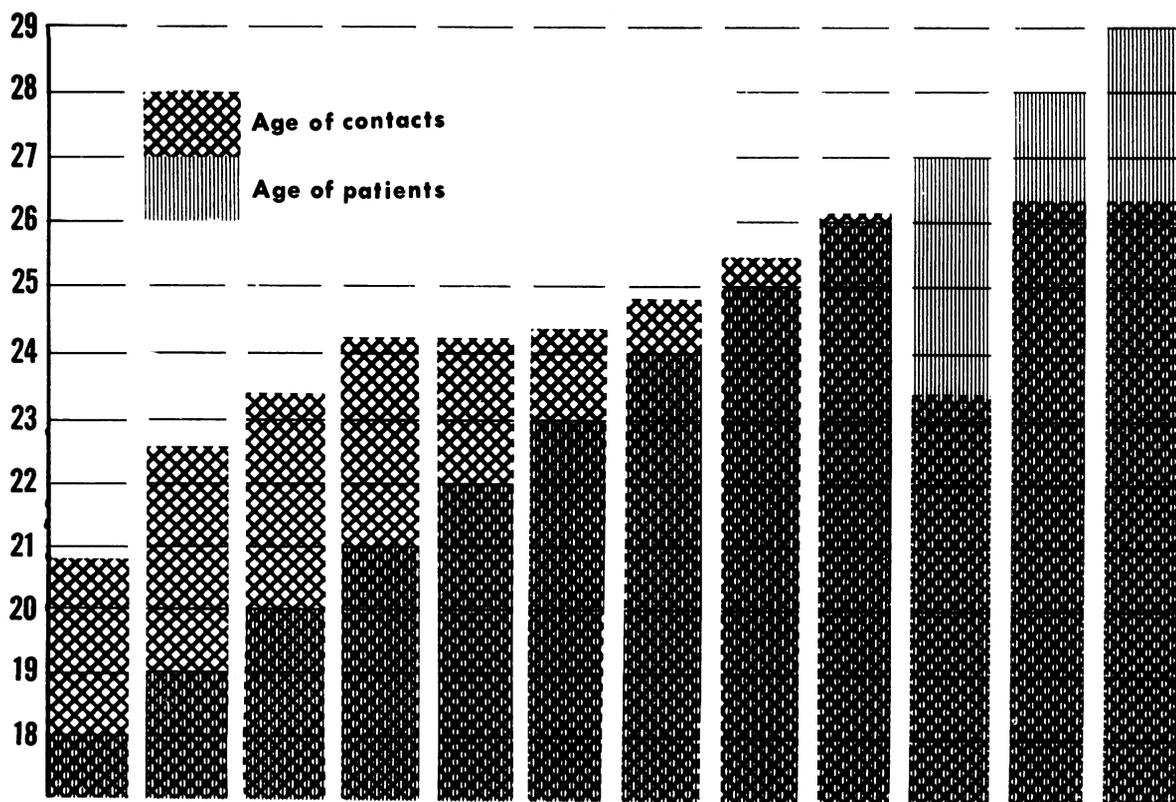


Table 3. Relationship of contacts to military venereal disease patients, Massachusetts, 1949-55

Year	Total contacts	Relationship to patient											
		Pickup		Friend		Prostitute		Marital partner		Homosexual		Not stated	
		Number	Per-cent	Number	Per-cent	Number	Per-cent	Number	Per-cent	Number	Per-cent	Number	Per-cent
1949-----	677	515	76.1	120	17.8	28	4.1	8	1.2	1	0.1	5	0.7
1950-----	567	425	75.0	109	19.2	25	4.4	6	1.1	-----	-----	2	.3
1951-----	781	551	70.6	144	18.4	60	7.7	16	2.0	1	.1	9	1.2
1952-----	967	667	69.0	203	21.0	61	6.3	28	2.9	8	.8	-----	-----
1953-----	906	655	72.3	168	18.5	58	6.4	24	2.7	1	.1	-----	-----
1954-----	665	457	68.7	137	20.6	52	7.8	18	2.7	1	.2	-----	-----
1955-----	585	421	72.0	100	17.1	47	8.0	15	2.6	2	.3	-----	-----
Total-----	5,148	3,691	71.7	981	19.1	331	6.4	115	2.2	14	.3	16	.3

percent of the military patients stated that contacts were found through their own efforts. Pandering was mentioned in less than 1 percent of the cases, thus indicating indirectly the absence of active, widespread commercialized prostitution (table 4).

Where did the encounter and exposure take place? About 63 percent of the female contacts were said to have been met in a bar. Next in order of frequency was the contact's home which was mentioned by about 12 percent of the servicemen interviewed (table 5). Slightly more than one-third of the exposures for military patients took place in a home, about one-fourth in a hotel, and about one-fifth in an automobile (table 6).

What type of contact information did the interviewer obtain and what were the results of the investigation of these contacts? Complete information was available on 26.8 percent of the 5,148 contacts of military patients sent to us for investigation. With complete information, 85.9 percent of the contacts were found and examined, whereas with incomplete information only 47.6 percent of the contacts were located. Contact information is considered to be complete if there is furnished the contact's complete name and address, her first and last name and telephone number, her first name and telephone number, her complete name and place of employment, or her complete name without the address if it is accompanied with the name

Table 4. Procurement of contacts of military venereal disease patients in Massachusetts, 1949-55

Year	Total contacts	Contact procured by—															
		Service-man		Pimp		Taxi driver		Bellhop		Friend		Other		Not stated		Not applicable ¹	
		Number	Per-cent	Number	Per-cent	Number	Per-cent	Number	Per-cent	Number	Per-cent	Number	Per-cent	Number	Per-cent	Number	Per-cent
1949----	677	646	95.4	3	0.4	4	0.6	5	0.8	-----	-----	8	1.2	3	0.4	8	1.2
1950----	567	544	95.9	4	.7	1	.2	2	.3	-----	-----	10	1.8	-----	-----	6	1.1
1951----	781	759	97.2	-----	-----	1	.1	5	.6	3	0.4	1	.1	4	.5	8	1.1
1952----	967	927	95.9	1	.1	6	.6	-----	-----	7	.7	3	.3	-----	-----	23	2.4
1953----	906	876	96.7	5	.6	-----	-----	1	.1	-----	-----	-----	-----	-----	-----	24	2.6
1954----	665	639	96.1	7	1.1	-----	-----	-----	-----	-----	-----	1	.1	-----	-----	18	2.7
1955----	585	568	97.1	1	.2	-----	-----	-----	-----	-----	-----	1	.2	-----	-----	15	2.5
Total-----	5,148	4,959	96.3	21	.4	12	.2	13	.3	10	.2	24	.5	7	.1	102	2.0

¹ Wife named as contact.

Table 5. Place of encounter between contacts and military

Year	Total contacts	Contact encountered in—											
		Bar		Home		Street		Dancehall		Beach or park		Bus or railroad	
		Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
1949.....	677	450	66.5	68	10.1	53	7.8	6	0.9	15	2.2	11	1.6
1950.....	567	378	66.7	49	8.7	72	12.7	11	1.9	7	1.2	7	1.2
1951.....	781	466	59.7	92	11.8	56	7.2	12	1.5	16	2.0	6	.8
1952.....	967	624	64.5	145	15.0	47	4.9	18	1.9	15	1.5	5	.5
1953.....	906	590	65.1	110	12.2	81	8.9	11	1.2	18	2.0	7	.8
1954.....	665	404	60.8	97	14.6	84	12.6	6	.9	4	.6	4	.6
1955.....	585	347	59.3	76	13.0	57	9.7	13	2.2	11	1.9	7	1.2
Total.....	5,148	3,259	63.3	637	12.4	450	8.7	77	1.5	86	1.7	47	.9

¹ Wife named as contact.

Table 6. Place of exposure of military venereal disease patients, Massachusetts, 1949-55

Year	Total contacts	Place of exposure											
		Contact's home		Automobile		Hotel		Rooming house		Beach or park		Street	
		Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
1949.....	677	244	36.0	65	9.6	270	39.9	10	1.5	27	4.0	9	1.3
1950.....	567	190	33.5	93	16.4	200	35.3	24	4.2	21	3.7	5	.9
1951.....	781	267	34.2	152	19.5	209	26.8	29	3.7	18	2.3	6	.8
1952.....	967	363	37.5	189	19.6	259	26.8	29	3.0	19	2.0	13	1.3
1953.....	906	368	40.6	189	20.9	216	23.8	38	4.2	19	2.1	9	1.0
1954.....	665	313	47.1	142	21.3	123	18.5	31	4.7	6	.9	3	.5
1955.....	585	250	42.7	153	26.2	107	18.3	19	3.3	19	3.3	2	.3
Total.....	5,148	1,995	38.8	983	19.1	1,384	26.9	180	3.5	129	2.5	47	.9
		Taxi		Tourist camp		Brothel		Other		Not stated		Not applicable	
		Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent	Number	Per cent
1949.....		7	1.0	9	1.3	2	0.3	12	1.8	14	2.1	8	1.2
1950.....		3	.5	4	.7	4	.7	5	.9	12	2.1	6	1.1
1951.....		5	.6	8	1.0	-----	-----	5	.6	72	9.2	10	1.3
1952.....		9	.9	8	.8	-----	-----	6	.6	55	5.7	17	1.8
1953.....		7	.8	7	.8	1	.1	2	.2	28	3.1	22	2.4
1954.....		3	.5	1	.1	1	.1	-----	-----	24	3.6	18	2.7
1955.....		2	.3	-----	-----	-----	-----	-----	-----	18	3.1	15	2.5
Total.....		36	.7	37	.7	8	.1	30	.6	223	4.3	96	1.9

venereal disease patients, Massachusetts, 1946-55

Contact encountered in—												Year
Hotel		Brothel		Taxi		Other		Not stated		Not applicable ¹		
Number	Per-cent	Number	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent	
34	5.0	2	0.3	-----	-----	19	2.8	11	1.6	8	1.2	-----1949
22	3.9	-----	-----	1	0.2	7	1.2	7	1.2	6	1.1	-----1950
24	3.1	3	.4	1	.1	19	2.4	73	9.3	13	1.7	-----1951
11	1.1	-----	-----	3	.3	18	1.9	55	5.7	26	2.7	-----1952
5	.6	-----	-----	-----	-----	19	2.1	42	4.6	23	2.5	-----1953
3	.4	3	.4	-----	-----	15	2.3	27	4.1	18	2.7	-----1954
3	.5	-----	-----	-----	-----	15	2.6	41	7.0	15	2.6	-----1955
102	2.0	8	.1	5	.1	112	2.2	256	5.0	109	2.1	-----Total

Table 7. Results of investigation of venereal disease contacts of military personnel located in Massachusetts, 1949-55

Year	Num-ber con-tacts investi-gated	Examined										Not in-fected	
		Total		Infected					Not in-fected				
				Total		New cases	Treated on sus-picion	Under treat-ment			Previ-ously treated		
		Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Num-ber	Num-ber	Num-ber	Num-ber	Num-ber	Per-cent	
1949	677	369	54.5	305	45.1	93	149	60	3	64	9.4		
1950	567	303	53.4	265	46.7	76	130	59	-----	38	6.7		
1951	781	453	58.0	394	50.4	83	235	74	2	59	7.6		
1952	967	608	62.9	530	54.8	164	291	72	3	78	8.1		
1953	906	526	58.1	452	49.9	116	260	76	-----	74	8.2		
1954	665	392	58.9	338	50.8	112	178	3	45	54	8.1		
1955	585	336	57.4	290	49.6	101	152	33	4	46	7.9		
Total	5,148	2,987	58.0	2,574	50.0	745	1,395	377	57	413	8.0		

Year	Not examined						
	Total		Uncooper-ative	Cannot locate	Insufficient information	No reply	Died
	Number	Percent	Number	Number	Number	Number	Number
1949	308	45.5	1	212	89	6	-----
1950	264	46.6	1	192	67	4	-----
1951	328	42.0	1	226	93	8	-----
1952	359	37.1	1	281	67	9	1
1953	380	41.9	2	289	80	9	-----
1954	273	41.1	2	210	58	3	-----
1955	249	42.6	-----	178	66	5	-----
Total	2,161	42.0	8	1,588	520	44	1

and address of a friend or associate. Information is classified as complete or incomplete on receipt of the contact data at our central office. In many instances, on investigation it is found that the data furnished by the patient are erroneous or false. In spite of this, however, for statistical purposes the information is still coded as complete. Thus, the staff was able to find about 58 percent of the named contacts of military patients (table 7, fig. 4).

Summary

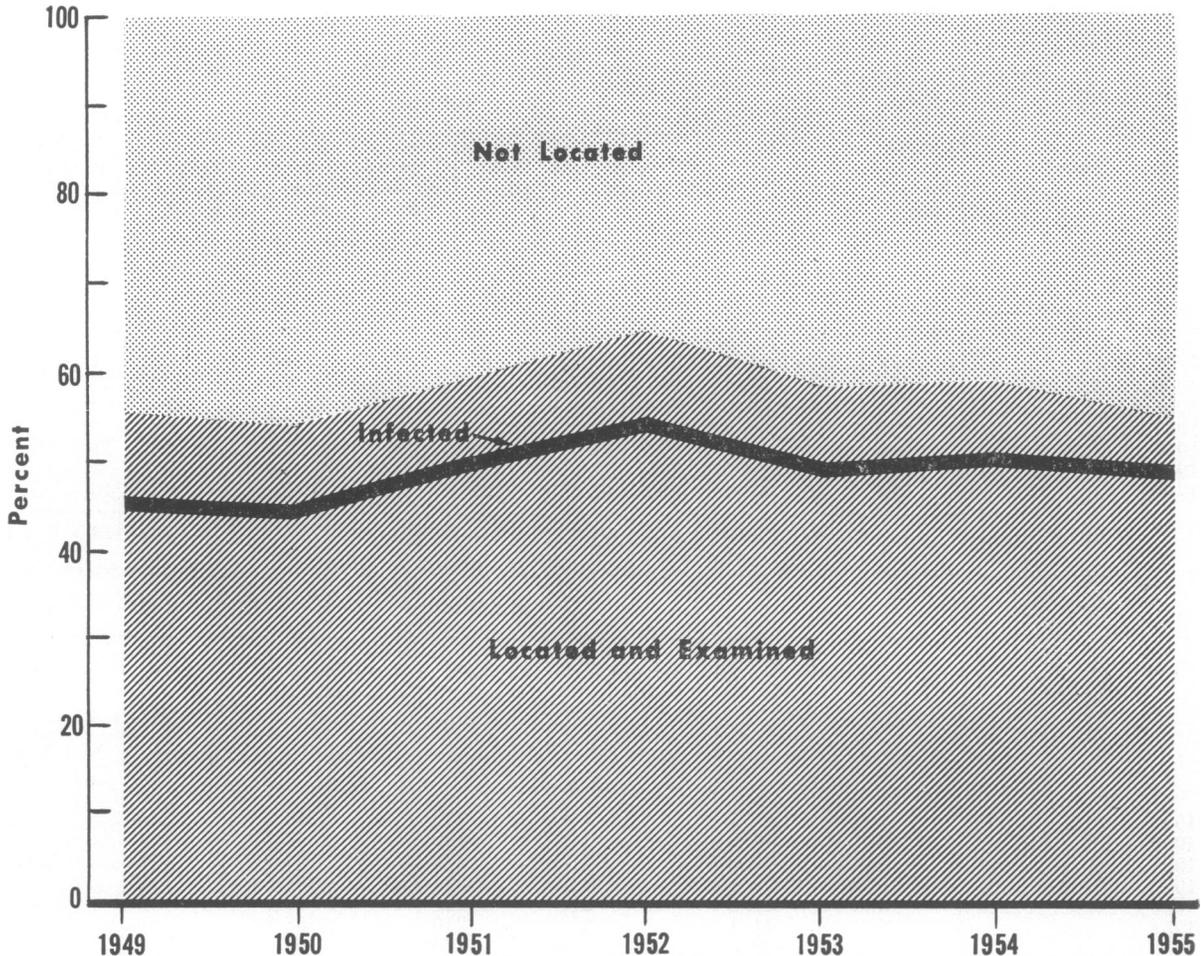
Between 1949 and 1955 there were 4,675 armed forces personnel who contracted venereal disease and named Massachusetts as the place of encounter or exposure, or both. About

92 percent of the cases reported were gonorrhea.

Approximately 62 percent of the military personnel were white and 38 percent were Negro. About two-thirds of the men were single, and 13 percent were married. These same proportions held roughly for both whites and Negroes. The widowed, divorced, and separated contributed slightly more than 2 percent of the series. In spite of an increase in the armed forces, the average age of the infected men and their contacts has not changed for the past 7 years. It was 23.3 years for the men and 24.3 years for the contacts.

The venereal disease control problem in Massachusetts centers about the pickup; the prostitute was named in only 6.4 percent of the

Figure 4. Results of investigation of contacts of military venereal disease patients, Massachusetts, 1949-55.



military cases. The bars are the focal point for most pickups. The home, hotel, and automobile, in that descending order of frequency, are the most common places of exposure.

The results of investigation of contacts depend to a great extent on the type of information supplied by the interviewer. When contact information was adequate, more than 85 percent of the contacts were found and examined, but with incomplete contact data, only about 48 percent were located. The overall result for the past 7 years was that 58 percent of the contacts reported were found and examined. This experience emphasizes the need for concentrating on better and more satisfactory contact interviewing and for devising more efficient methods of venereal disease control.

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John F. Mahoney, 1889-1957



Dr. John F. Mahoney, who developed penicillin as a cure for syphilis, died February 23, 1957. At the time of his death, Dr. Mahoney was director of the bureau of laboratories of the New York City Health Department; he was health commissioner of that city from 1949 to 1954.

Dr. Mahoney was a graduate of the Marquette University School of Medicine. He was commissioned as a medical officer in the Public Health Service in 1917, and in 1925, served as public health adviser to the U. S. Foreign Service. During this assignment in Haiti, Ireland, England, and Germany, he studied methods used in foreign clinics for the control of syphilis.

In 1929, he became director of the Venereal Disease Research Laboratory of the Public Health Service at Stapleton, N. Y., a position he held for 20 years. It was in this post that

he discovered that syphilis could be cured with penicillin.

Dr. Mahoney won the Lasker Award of the American Public Health Association in 1946. The accompanying citation read in part: "The general use of your discovery during World War II helped bring about among our armed forces notable reductions in amount of time lost from duty because of venereal disease; in the same period there was no increase in syphilis among the American civilian population."

Dr. Mahoney served as chairman of the Committee of Experts on the Venereal Diseases, World Health Organization, and chairman of the Committee for Standardization of Serologic Tests for Syphilis, American Public Health Association.

The author of more than 50 papers and articles in medical, scientific, and professional journals, he served as associate professor in clinical syphilology at New York University School of Medicine, and in dermatology at Columbia University School of Medicine.